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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re U.S. Patent Application of**

**FURUKAWA**

**Application Number: 10/014,412**

**Filed: December 14, 2001**

**For: DOCUMENT, DOCUMENT PROCESSING SYSTEM  
AND DOCUMENT GENERATING SYSTEM**

**Attorney Docket No. HITA.0132**

**Art Unit 3621**

**Examiner  
BACKER, Firmin**

**Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**COVER LETTER**

Sir:

[x] The fee for submission of claims is calculated as shown below:

| FOR   | TOTAL WITH<br>NEW CLAIMS<br>ADDED | TOTAL<br>CURRENTLY ON<br>FILE | CLAIMS<br>ALREADY<br>PAID | RATE    | CALCULATION |
|---|-----------------------------------|-------------------------------|---------------------------|---------|-------------|
| Total Claims  | 13                                | 13                            | XXX<br>(Over 20)          | x \$50  | 0           |
| Independent<br>Claims   | 4                                 | 4                             | XXX<br>(Over 3)           | x \$200 | 0           |
| MULTIPLE<br>DEPENDENT<br>CLAIM(S)   |                                   |                               |                           | + \$360 | 0           |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). |                                   |                               |                           | x ½     |             |
|   |                                   |                               |                           | TOTAL   | 0.00        |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- [ x ] Response to Office Action  
(with Claim Amendments)
- [ ] Substitute Specification
- [ ] Preliminary Amendment
- [ x ] Information Disclosure Statement

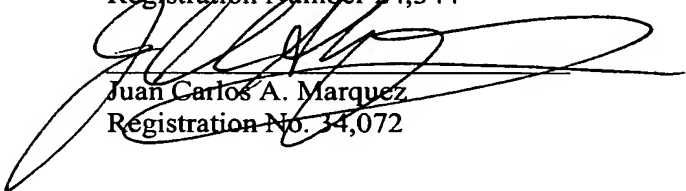
- [ x ] Petition for Extension of Time (1 month)
- [ ] Terminal Disclaimer
- [ ] Letter to Draftsperson w/\_\_\_ sheets of  
replacement drawings
- [ ] Other \_\_\_\_\_

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ x ] A check in the amount of **\$120.00** to cover the one-month extension fee is enclosed.
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.



Respectfully submitted,

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